

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

07

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

08

14

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		11950.90
(b) Cash on Hand at Beginning of Reporting Period	7702.35	
(c) Total Receipts (from Line 19)	58702.10	408861.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66404.45	420812.26
7. Total Disbursements (from Line 31)	34650.44	389058.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31754.01	31754.01
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	52305.00	292150.00
(ii) Unitemized	5750.00	95193.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	58055.00	387343.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	16851.73
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	58055.00	404194.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	647.10	2903.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1763.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	58702.10	408861.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	58702.10	408861.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		21236.94	262074.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		21236.94	262074.27
22. Transfers to Affiliated/Other Party Committees.....		0.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		13413.50	106983.98
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		13413.50	106983.98
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		34650.44	389058.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		34650.44	389058.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	58055.00	404194.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58055.00	404194.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21236.94	262074.27
37. Offsets to Operating Expenditures (from Line 15, page 3)	647.10	2903.24
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20589.84	259171.03

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Otto Anderson		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 43 Fernwood Avenue		Transaction ID: 70809.C165960
City Bradford	State MA	Zip Code 01835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B. Full Name (Last, First, Middle Initial) Christopher Bramley		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 7 Pinecrest Dr.		Transaction ID: 70809.C166030
City Westborough	State MA	Zip Code 01581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Edward Chesnul		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 26 Bellevue Avenue		Transaction ID: 70809.C165864
City Brockton	State MA	Zip Code 02302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

John Cornish

Mailing Address 106 Clyde St.

City State Zip Code
 Newton MA 02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 9 / 2 0 0 7

Transaction ID: 70809.C165858

Amount of Each Receipt this Period

200.00

Receipt

B. Full Name (Last, First, Middle Initial)

Nancy Crate

Mailing Address 890 Hale Street
 DO NOT MAIL

City State Zip Code
 Beverly MA 01915

FEC ID number of contributing
federal political committee.

C

Name of Employer
At Home

Occupation
At home

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 70809.C165916

Amount of Each Receipt this Period

8000.00

Receipt

C. Full Name (Last, First, Middle Initial)

John Cruz

Mailing Address 123 North Elm St.

City State Zip Code
 West Bridgewater MA 02379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consolidated Plumbing

Occupation
Plumber

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 9 / 2 0 0 7

Transaction ID: 70809.C165868

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Robert Danner		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 48 Seabury Point Road		Transaction ID: 70809.C165955
City Duxbury	State MA	Zip Code 02332-5203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B. Full Name (Last, First, Middle Initial) Nelson Darling		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 74 Beach Bluff Ave.		Transaction ID: 70809.C165961
City Swampscott	State MA	Zip Code 01907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Richard Finn		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 6 Blueberry Lane		Transaction ID: 70809.C166028
City Lexington	State MA	Zip Code 02420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

Madeline Gregory

Mailing Address 300 Summer St

City State Zip Code
Westwood MA 02090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

07 / 17 / 2007

Transaction ID: 70809.C165851

Amount of Each Receipt this Period

1800.00

Receipt

B. Full Name (Last, First, Middle Initial)

Frederick Hafer

Mailing Address 1010 Waltham Street
Apt. H291

City State Zip Code
Lexington MA 02421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07 / 19 / 2007

Transaction ID: 70809.C165884

Amount of Each Receipt this Period

100.00

Receipt

C. Full Name (Last, First, Middle Initial)

Dola Hamilton Stenberg

Mailing Address 5 Louisburg Square

City State Zip Code
Boston MA 02108-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
At Home

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

07 / 24 / 2007

Transaction ID: 70809.C166000

Amount of Each Receipt this Period

15000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

16900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

James Heigham

Mailing Address 62 Orchard St.

City State Zip Code
 Belmont MA 02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 9 / 2 0 0 7

Transaction ID: 70809.C165870

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)

Mark Helman

Mailing Address 27 Edgewood Road

City State Zip Code
 Wayland MA 01778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165924

Amount of Each Receipt this Period

100.00

Receipt

C. Full Name (Last, First, Middle Initial)

Michael A. Howland

Mailing Address 155 West Street

City State Zip Code
 Wilmington MA 01887

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 7 / 2 0 0 7

Transaction ID: 70809.C165852

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Clarice Hunter		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 423 Halsey Street First Floor		Transaction ID: 70809.C166029
City Brooklyn	State NY	Zip Code 11233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B. Full Name (Last, First, Middle Initial) George Kariotis		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address 8 Poets Path		Transaction ID: 70809.C165877
City Wayland	State MA	Zip Code 01778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Alpha Industries	Occupation Executive	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Jeanne Kaufmann		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 101 Oakley Rd.		Transaction ID: 70809.C166003
City Belmont	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Best Effort Sent	Occupation Best Effort Sent	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Rita Kechejian Mailing Address 50 Fairview Ave. City State Zip Code Brockton MA 02301 FEC ID number of contributing federal political committee. C Name of Employer None Occupation State Committee Member; homema Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt MM / DD / YYYY 07 / 25 / 2007 Transaction ID: 70809.C166005 Amount of Each Receipt this Period 50.00 Receipt
B. Full Name (Last, First, Middle Initial) Robert Lawrence Mailing Address 24 Jackson Pond Road City State Zip Code Dedham MA 02026 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 07 / 10 / 2007 Transaction ID: 70809.C165845 Amount of Each Receipt this Period 500.00 Receipt
C. Full Name (Last, First, Middle Initial) Doris Lewald Mailing Address 1010 Broadway PO Box 187 City State Zip Code Hanover MA 02339 FEC ID number of contributing federal political committee. C Name of Employer Unemployed Occupation Unemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt MM / DD / YYYY 07 / 31 / 2007 Transaction ID: 70809.C166031 Amount of Each Receipt this Period 100.00 Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Ann Loudermilk

Mailing Address 109 Nevin Road

City State Zip Code
Weymouth MA 02190

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Shore Hospital

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07 / 26 / 2007

Transaction ID: 70809.C166023

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Salvatore Luciano

Mailing Address 8 Rodney Rd

City State Zip Code
Peabody MA 01960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07 / 19 / 2007

Transaction ID: 70809.C165871

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. Walter Meier

Mailing Address 532 Main St

City State Zip Code
Chatham MA 02633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

07 / 26 / 2007

Transaction ID: 70809.C166018

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paul Michitson		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 7	
Mailing Address 12 Nancy Ann Lane DO NOT MAIL IN 2007		Transaction ID: 70809.C165994	
City Merrimac	State MA	Zip Code 01860	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Robert Mundie		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7	
Mailing Address 44 Ryefield Road		Transaction ID: 70809.C166001	
City Fitchburg	State MA	Zip Code 01420	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) James OBrien		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 7	
Mailing Address Nixon Peabody, LLP P.O. Box 31051		Transaction ID: 70809.C165919	
City Rochester	State NY	Zip Code 14603	Amount of Each Receipt this Period 225.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Albert Paladino

Mailing Address 12 Wachusett Rd.

City State Zip Code
 Newton MA 02467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165957

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Rick Pedone

Mailing Address PO Box 31051

City State Zip Code
 Rochester NY 14603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nixon Peabody LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165920

Amount of Each Receipt this Period

275.00

Receipt

Full Name (Last, First, Middle Initial)

C. Frank Pickering

Mailing Address 18 Strawberry Hill Lane

City State Zip Code
 Danvers MA 01923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165936

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

Rosmarie Scully

Mailing Address 30 Somerset Street

City State Zip Code
 Belmont MA 02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scully Signal Co.

Occupation
Manufacturer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 7

Transaction ID: 70809.C165849

Amount of Each Receipt this Period

1000.00

Receipt

B. Full Name (Last, First, Middle Initial)

Steven Snider

Mailing Address 114 Shornecliffe Road

City State Zip Code
 Newton MA 02458-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 7

Transaction ID: 70809.C165917

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)

Lee Sprague

Mailing Address 89 Mount Vernon St.

City State Zip Code
 Boston MA 02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Real Estate Mngr/Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1255.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 9 / 2 0 0 7

Transaction ID: 70709.C165839

Amount of Each Receipt this Period

1255.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7255.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)

Gerard Townsend

Mailing Address 34 Proctor St.

City State Zip Code
Manchester MA 01944

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Investment Manager/Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 23 2007

Transaction ID: 70809.C165887

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)

Clayton Trefry

Mailing Address 4712 Scotts Mill Ct.

City State Zip Code
Saugus MA 01906

FEC ID number of contributing federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 24 2007

Transaction ID: 70809.C165959

Amount of Each Receipt this Period

100.00

Receipt

C. Full Name (Last, First, Middle Initial)

Raymond Tye

Mailing Address 175 Campanelli Drive

City State Zip Code
Braintree MA 02184

FEC ID number of contributing federal political committee.

C

Name of Employer
United Liquors, Ltd.Occupation
Chairman of the Board of Direc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 02 2007

Transaction ID: 70706.C165821

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Raymond Tye		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 7
Mailing Address 175 Campanelli Drive		Transaction ID: 70706.C165825
City Braintree	State MA	Zip Code 02184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer United Liquors, Ltd.	Occupation Chairman of the Board of Direc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	

Receipt

B. Full Name (Last, First, Middle Initial) Roger Wellington		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address PO Box 898 140 Garrison Ln.		Transaction ID: 70709.C165833
City Osterville	State MA	Zip Code 02655-0898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Receipt

C. Full Name (Last, First, Middle Initial) Robert White		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 23 Chadwick Road		Transaction ID: 70809.C166026
City Weston	State MA	Zip Code 02493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Bain Capital	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Katherine Winter Mailing Address 10 Marlborough St. City State Zip Code Boston MA 02116 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7 Transaction ID: 70809.C166002 Amount of Each Receipt this Period 100.00 Receipt
B. Full Name (Last, First, Middle Initial) Fred Wormelle Mailing Address 38 Emerald Lane City State Zip Code Falmouth MA 02536 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 7 Transaction ID: 70809.C165923 Amount of Each Receipt this Period 150.00 Receipt
C. Full Name (Last, First, Middle Initial) George Young Mailing Address 235 Walker St. Apt 252 City State Zip Code Lenox MA 01240 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7 Transaction ID: 70809.C165886 Amount of Each Receipt this Period 300.00 Receipt

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Richard Young

Mailing Address 22 Point Road

City

Marion

State

MA

Zip Code

02738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Welch & Forbes

Occupation

Investment Adviser

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 7

Transaction ID: 70809.C165846

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

52305.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Watson Law Office

Mailing Address 140 Great Rd.

City State Zip Code
 Bedford MA 01730-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

647.10

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 0 7

Transaction ID: 70706.C165822

Amount of Each Receipt this Period

647.10

Offsets to Operating Expe-
nditu

SUBTOTAL of Receipts This Page (optional)

647.10

TOTAL This Period (last page this line number only)

647.10

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Coss Castle Self-Storage

Mailing Address 39 Old Colony Ave.

City
Boston

State
MA

Zip Code
02127-

Purpose of Disbursement
STORAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9879

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

329.00

STORAGE

Full Name (Last, First, Middle Initial)

B. Hui Jojo Deng

Mailing Address 117 Beaconsfield Road

City
Brookline

State
MA

Zip Code
02445-

Purpose of Disbursement
ACCOUNTING SERVICES-GENERAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9856

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

495.00

ACCOUNTING SERVICES-GENERAL

Full Name (Last, First, Middle Initial)

C. Kirk Dobson

Mailing Address 1209 Boylston St.

City
Boston

State
MA

Zip Code
02215-

Purpose of Disbursement
REIMBURSEMENT FOR POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9857

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

31.95

REIMBURSEMENT FOR POSTAGE

SUBTOTAL of Disbursements This Page (optional)

855.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Federal Express (Fed Ex)

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
EXPRESS MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.77

EXPRESS MAIL

Full Name (Last, First, Middle Initial)

B. Federal Express (Fed Ex)

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
EXPRESS MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9878

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65.67

EXPRESS MAIL

Full Name (Last, First, Middle Initial)

C. Fidelity FMR Corp.

Mailing Address 82 Devonshire Street
MS: F5F

City
Boston

State
MA

Zip Code
02109-

Purpose of Disbursement
CATERING FOR EVENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70709.E9846

Date of Disbursement

/ /

Amount of Each Disbursement this Period

555.00

CATERING FOR EVENT

SUBTOTAL of Disbursements This Page (optional)

696.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Guardian Guardian

Mailing Address Boston Group Office
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70706.E9834

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

258.15

INSURANCE

Full Name (Last, First, Middle Initial)

B. HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement
HEALTH INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9855

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

1849.23

HEALTH INSURANCE

Full Name (Last, First, Middle Initial)

C. Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
CREDIT CARD FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9850

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

35.00

CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)

2142.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
CREDIT CARD FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9851

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

35.00

CREDIT CARD FEE

Full Name (Last, First, Middle Initial)

B. Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
CREDIT CARD FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9849

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

25.00

CREDIT CARD FEE

Full Name (Last, First, Middle Initial)

C. Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
CREDIT CARD FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9848

Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

149.17

CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)

209.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. mindShift Technologies, Inc.

Mailing Address PO Box 200105

City
Pittsburgh

State
PA

Zip Code
15251-

Purpose of Disbursement
COMPUTER NETWORK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1696.00

COMPUTER NETWORK

Full Name (Last, First, Middle Initial)

B. Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City
Boston

State
MA

Zip Code
02114-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9876

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3695.00

RENT

Full Name (Last, First, Middle Initial)

C. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70709.E9841

Date of Disbursement

/ /

Amount of Each Disbursement this Period

138.16

PAYROLL SERVICE

SUBTOTAL of Disbursements This Page (optional)

5529.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL-TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9864

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3477.87

PAYROLL-TAXES

Full Name (Last, First, Middle Initial)

B. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL-401 K

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9865

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1923.08

PAYROLL-401 K

Full Name (Last, First, Middle Initial)

C. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL SERVICE CHARGE-401 K

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9866

Date of Disbursement

/ /

Amount of Each Disbursement this Period

155.00

PAYROLL SERVICE CHARGE-401 K

SUBTOTAL of Disbursements This Page (optional)

5555.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70809.E9873

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

3477.87

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL - 401 K

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70809.E9874

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

1923.08

PAYROLL - 401 K

Full Name (Last, First, Middle Initial)

C. Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
PAYROLL- QUARTERLY TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70814.E9895

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

313.60

PAYROLL- QUARTERLY TAXES

SUBTOTAL of Disbursements This Page (optional)

5714.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9875

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

94.02

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address P.O. Box 1

City Worcester State MA Zip Code 01654-

Purpose of Disbursement
PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9858

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

439.32

PHONE

SUBTOTAL of Disbursements This Page (optional)

533.34

TOTAL This Period (last page this line number only)

21236.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Kirk Dobson

Mailing Address 1209 Boylston St.

City
BostonState
MAZip Code
02215-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9859

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	0	7

Amount of Each Disbursement this Period

463.43

PAYROLL

Full Name (Last, First, Middle Initial)

B. Kirk Dobson

Mailing Address 1209 Boylston St.

City
BostonState
MAZip Code
02215-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9868

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	7

Amount of Each Disbursement this Period

463.43

PAYROLL

Full Name (Last, First, Middle Initial)

C. Brian Dodge

Mailing Address 10 Parker Road

City
GrovelandState
MAZip Code
01834-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9860

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	0	7

Amount of Each Disbursement this Period

2024.31

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2951.17

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Brian Dodge

Mailing Address 10 Parker Road

City
GrovelandState
MAZip Code
01834-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9869

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	7

Amount of Each Disbursement this Period

2024.31

PAYROLL

Full Name (Last, First, Middle Initial)

B. Bruce Harrison

Mailing Address 101 Elm St

City
WakefieldState
MAZip Code
01880-Purpose of Disbursement
PAYROLL-ADMINISTRATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9853

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

PAYROLL-ADMINISTRATION

Full Name (Last, First, Middle Initial)

C. Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City
North QuincyState
MAZip Code
02171-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9861

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	7

Amount of Each Disbursement this Period

1236.59

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4260.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Lyndsay Jones

Mailing Address 95 West Squantum St. #605

City North Quincy State MA Zip Code 02171-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9870

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1236.59

PAYROLL

Full Name (Last, First, Middle Initial)

B. Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1245.83

PAYROLL

Full Name (Last, First, Middle Initial)

C. Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9871

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1245.83

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3728.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70809.E9863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1236.59

PAYROLL

Full Name (Last, First, Middle Initial)

B. Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70809.E9872

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1236.59

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2473.18

TOTAL This Period (last page this line number only)

13413.50

Image# 27990479995

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

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